



**Happy 35<sup>th</sup> Anniversary Syme 55+ Seniors Centre  
2019 Membership Application & Renewal**

**Tag Number** (*add last 4 digits*): X102\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Renewal                      | <input type="checkbox"/> Charitable donation of \$ _____ |
| <input type="checkbox"/> New Member                              | (income tax receipt issued)                              |
| <input type="checkbox"/> <b>\$20.00 Membership Fee *SPECIAL*</b> |  |

**Title:** Mr., Mrs., Miss, Ms

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** mm/dd/yyyy \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*By checking this box you are consenting to receive occasional communications via email regarding our services.*

*Are you a current volunteer?*       *Would you like to volunteer?*

**Address:** \_\_\_\_\_

**Apt:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I recognize that a risk of injury may be involved in the participation in the Syme55+ Centre programs/activities. I hereby willingly assume such risk of injury or health risk and assume full responsibility during and after my participation in the program/activities. The Syme55+ Centre Corporation, staff, volunteers and Instructors cannot be responsible for risk willingly assumed, and I hereby release and forever discharge the Syme55+ Centre Corporation, staff, volunteers and instructors for all actions, damages, claims and demands whatsoever arising by reason of participation in all program/activities.**

**I have read this and agree**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_